

jc772 U.S. PTO  
04/23/01

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PTO/SB/05 (4/98)  
Approved for use through 09/30/2000 OMB 0651-0032  
Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE

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# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No. 82,613

First Inventor or Application Identifier Caroll

Title LOW-INTERFERENCE COMMUNICATIONS DEVICE USING CHAOTIC SIGNALS

Express Mail Label No. 

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1.  \* Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2.  Specification [Total Pages 23]  
(preferred arrangement set forth below)
  - Descriptive title of the Invention
  - Cross References to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to Microfiche Appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
3.  Drawing(s) (35 U.S.C. 113) [Total Sheets 16]
4. Oath or Declaration [Total Pages 39]
  - a.  Newly executed (original or copy)
  - b.  Copy from a prior application (37 C.F.R. § 1.63(d))  
(for continuation/divisional with Box 16 completed)
    - i.  **DELETION OF INVENTOR(S)**  
Signed statement attached deleting  
inventor(s) named in the prior application,  
see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).

**\* NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).**

ADDRESS TO: Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

5.  Microfiche Computer Program (Appendix)
6. Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all necessary)
  - a.  Computer Readable Copy
  - b.  Paper Copy (identical to computer copy)
  - c.  Statement verifying identity of above copies

## ACCOMPANYING APPLICATION PARTS

7.  Assignment Papers (cover sheet & document(s))
8.  37 C.F.R. § 3.73(b) Statement  Power of  
(when there is an assignee)  Attorney
9.  English Translation Document (if applicable)
10.  Information Disclosure Statement (IDS)/PTO-1449  Copies of IDS  
Statement (IDS)/PTO-1449  Citations
11.  Preliminary Amendment
12.  Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
  - \* Small Entity  Statement filed in prior application,  
Statement(s)  Status still proper and desired  
(PTO/SB/09-12)
13.  Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
14.  Other: .....  
.....
15.  Other: .....  
.....

16. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment:

Continuation  Divisional  Continuation-in-part (CIP) of prior application No. /

Prior application information: Examiner \_\_\_\_\_ Group / Art Unit: \_\_\_\_\_

For **CONTINUATION or DIVISIONAL APPS** only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 17. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label				or <input checked="" type="checkbox"/> Correspondence address below
(Insert Customer No. or Attach bar code label here)				
Name	26384 PATENT TRADEMARK OFFICE			
Address	Code 1008.2, Naval Research Laboratory 4555 Overlook Ave., S.W.			
City	Washington	State	D.C.	Zip Code
Country	USA	Telephone	202-767-3427	Fax

Name (Print/Type) John J. Karasek Registration No. (Attorney/Agent) 36,182

Signature  Date 2/28/01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231

# FEE TRANSMITTAL for FY 2001

Patent fees are *subject to* annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 870.00)

Complete if Known

Application Number	Not Yet Assigned.
Filing Date	Not Yet Assigned
First Named Inventor	Carroll
Examiner Name	Not Yet Assigned
Group Art Unit	Not Yet Assigned
Attorney Docket No.	82,613

## METHOD OF PAYMENT

1.  The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:  
 Deposit Account Number 50-0281  
 Deposit Account Name Naval Research Laboratory  
 Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17  
 Applicant claims small entity status See 37 CFR 1.27

2.  Payment Enclosed:  
 Check  Credit card  Money Order  Other

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity	Small Entity	Fee	Fee	Fee	Fee	Description	Fee Paid
Code (\$)	Code (\$)	Code (\$)	Code (\$)	Code (\$)	Code (\$)		
101 710 201 355	Utility filing fee	710					
106 320 206 160	Design filing fee						
107 490 207 245	Plant filing fee						
108 710 208 355	Reissue filing fee						
114 150 214 75	Provisional filing fee						
SUBTOTAL (1) \$ 710							

### 2. EXTRA CLAIM FEES

Total Claims	10	Extra Claims	-20** =	-0-	X	Fee from below	Fee Paid
Independent Claims	5	- 3* =	2	80	X	=	160
Multiple Dependent							

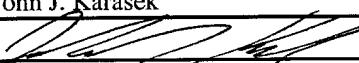
Large Entity	Small Entity	Fee	Fee	Fee	Fee	Description	Fee Paid
Code (\$)	Code (\$)	Code (\$)	Code (\$)	Code (\$)	Code (\$)		
103 18 203 9	Claims in excess of 20						
102 80 202 40	Independent claims in excess of 3						
104 270 204 135	Multiple dependent claim, if not paid						
109 80 209 40	* Reissue independent claims over original patent						
110 18 210 9	Reissue claims in excess of 20 and over original patent						
SUBTOTAL (2) \$ 870.00							

\*or number previously paid, if greater. For Reissues, see above

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee	Fee	Fee	Fee	Description	Fee Paid
Code (\$)	Code (\$)	Code (\$)	Code (\$)	Code (\$)	Code (\$)		
105 130 205 65	Surcharge - late filing fee or oath						
127 50 227 25	Surcharge - late provisional filing fee or cover sheet						
139 130 139 130	Non-English specification						
147 2,520 147 2,520	For filing a request for ex parte reexamination						
112 920* 112 920*	Requesting publication of SIR prior to Examiner action						
113 1,840* 113 1,840*	Requesting publication of SIR after Examiner action						
115 110 215 55	Extension for reply within first month						
116 390 216 195	Extension for reply within second month						
117 890 217 445	Extension for reply within third month						
118 1,390 218 695	Extension for reply within fourth month						
128 1,890 228 945	Extension for reply within fifth month						
119 310 219 155	Notice of Appeal						
120 310 220 155	Filing a brief in support of an appeal						
121 270 221 135	Request for oral hearing						
138 1,510 138 1,510	Petition to institute a public use proceeding						
140 110 240 55	Petition to revive - unavoidable						
141 1,240 241 620	Petition to revive - unintentional						
142 1,240 242 620	Utility issue fee (or reissue)						
143 440 243 220	Design issue fee						
144 600 244 300	Plant issue fee						
122 130 122 130	Petitions to the Commissioner						
123 50 123 50	Petitions related to provisional applications						
126 240 126 240	Submission of Information Disclosure Stmt						
581 40 581 40	Recording each patent assignment per property (times number of properties)						
146 710 246 355	Filing a submission after final rejection (37 CFR § 1.129(a))						
149 710 249 355	For each additional invention to be examined (37 CFR § 1.129(b))						
179 710 279 355	Request for Continued Examination (RCE)						
169 900 169 900	Request for expedited examination of a design application						
Other fee (specify) _____							
Reduced by Basic Filing Fee Paid							
SUBTOTAL (3) (\$)							

E- SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	John J. Karasek	Registration No (Attorney/Agent)	36,182	Telephone
Signature				202-404-1552
			Date	3/26/07

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**